## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation															
Name and Mailing Address of Respondent Bulloch County Rural Telephone Cooperative, Inc. 2903 Northside Dr W Statesboro, Ga 30458														Check here if this is a change of address.		
Year Report Filed  3. Reporting Period (Ending Date of Pay  4. Number of Full-Time Employees during Selected																
2019	9 Period Co	vered by Rep /2019	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
SECTION II - Full-Time Emplo	oyees	s.							, , , , , , , , , , , , , , , , , , , ,	,,,,,,						
•		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories			inic or tino	Not-Hispanic or Latino											Total	
						Ma	ale					Fen		Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1			5						1						6
First/Mid-Level Officials and Managers	1.2															0
Professionals	2												(**			0
Technicians	3			5						1						6
Sales Workers	4			1						1						2
Administrative Support Workers	5				1					6	2					9
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8			18	1											19
Service Workers	9						20									0
TOTAL	10	0	0	29	2	0	0	0	0	9	2	0	0	0	0	42
PREVIOUS YEAR TOTAL	11			30	2					9	2					43

SECTION III - Part-Time Emp	loye	es.															
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic or		Not-Hispanic or Latino												Total		
		Latino		Male								Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3			1	1											2	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8			1												1	
Service Workers	9															0	
TOTAL	10	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3	
PREVIOUS YEAR TOTAL	11			1												1	
SECTION IV - Report of Discr	imina	ation Compl	aints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 10	1.4, and 101.	311.									
This is to advise the company before a This is to advise the (Attach a list indication).	ny bo ne Co	dy having co mmission that	mpetent jurison at the following	diction in sucl g complaints	h matters duri alleging viola	ing the calend tions of the pro	ar year cover ovisions of ar	ed by this rep by equal emplo	ort. ovment oppor	tunity statute	have been file	ed against this	company				
SECTION V - Certification																	
	nowledge, information, and belief, all statements in this report are true and correct.  Typed or Printed Name of Person Signing Signature Telephone No.																
	7.70	n D. Sc			(912) 865-1100									)			
Title of Person Signing Chief Operating Of		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															